

364106/0349
SBP:JFD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **George S. Gabriel et al.** Art Unit: **To Be Assigned**

Application No.: **TBA – CIP of 10/274,619** Examiner: **Be Assigned**

Filed: **Herewith-April 13, 2004**

For: **FLUID DELIVERY VALVE SYSTEM AND METHOD**

Date: **April 13, 2004**

PETITION TO MAKE SPECIAL UNDER 37 C.F.R. § 1.102

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicants respectfully request that the above-identified application be made Special and advanced out of turn for Examination.

This Petition is submitted pursuant to 37 C.F.R. § 1.102 and M.P.E.P. § 708.02(IV) ("APPLICANT'S AGE").

Applicants submit herewith, in accordance with the provisions of M.P.E.P. § 708.02(IV), a copy of the birth certificate of inventor George S. Gabriel (Attached as Exhibit 1), thus providing evidence that applicant is 65 years of age or older.

While applicants do not deem that any fee is necessary in connection with this petition, the Commissioner is nevertheless authorized to charge any fee now or hereafter due to Deposit Account No. 19-4709.

Application No.: TBA – (CIP of Appln. No. 10/274,619)
Petition To Make Special
Dated: April 7, 2004

Applicants respectfully submit that this Petition should be granted. Prompt and favorable action is earnestly solicited.

Respectfully submitted,



Steven B. Pokotilow
Registration No. 24,377
Attorney for Applicants
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NOV 13 1929

STATE OF LOUISIANA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. Place of Birth
Parish of Orleans Was Naturalized in Eyes? Yes
Ward One Incorporated Town No. _____
City of _____ Ward No. 37-5355
or _____
Village of _____
Street & No. _____
If birth occurred in a hospital or other institution give its name instead of street and number.

2. Full Name of Baby George Silas Gabriel
If child is not yet named, report birth, and send name later to State Office.

Local Reg. File No. 75
(L. & S. No., in which registration was made)
Registered No. 23688
(To be added in State Office)

| | | | |
|--|---|--|---|
| 3. Sex of child <u>Male</u> | 4. Twin, triplet or other _____ | 5. Legitimate <u>Yes</u> | 7. Date of birth <u>Sept 18 - 1929</u> (Month, day, year) |
| FATHER Full name <u>Robert L. Gabriel</u> | | MOTHER Full name <u>Bertie Ham</u> | |
| 8. Residence Post Office Address City & State <u>Stirlington Pte. Monroe</u> | | 9. Residence Post Office Address City & State <u>Stirlington Pte. Monroe</u> | |
| 10. Color of race <u>White</u> | 11. Age at last birthday <u>45</u> (Years) | 10. Color of race <u>White</u> | 11. Age at last birthday <u>32</u> (Years) |
| 12. Birthplace (city or place) (State or country) <u>Texas</u> | | 12. Birthplace (city or place) (State or country) <u>Monroe La</u> | |
| 13. Occupation Nature of industry <u>Mechanic</u> | | 13. Occupation Nature of industry <u>Housewife</u> | |
| 14. Number of children of this mother (Take on as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>Yes</u> (b) Born alive but now dead _____ (c) Stillborn _____ | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at Stirlington Pte. on the date above stated.
(Born alive or stillborn)
Signature C. L. Mangis M.D.
(Physician or Midwife)
Address Stirlington Pte.
Filed Nov 13 1929
Given name added from a supplemental report: _____
(Month, day, year)
Signature _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

V.S. No. 1

BEST AVAILABLE COPY

JUL 28 1988

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S. 40:32, ET SEQ.

Louis Trachtman, Jr.
STATE HEALTH OFFICER

William D. Boudier
STATE REGISTRAR